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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000007228

1. Corporation Name
FLORIDA ALLIANCE OF BOYS & GIRLS CLUBS, INC.

Principal Place of Business	Mailing Address
800 NORTHPOINT PARKWAY SUITE 204 WEST PALM BEACH FL 33407-1946	800 NORTHPOINT PARKWAY SUITE 204 WEST PALM BEACH FL 33407-1946

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 1415 9th St W	26 PO Box 280	12/31/1997
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 65-0839955 ☐ Applied For ☐ Not Applicable
23 City & State: Bradenton FL	28 City & State: Bradenton FL	5. Certifcate of Status Desired ☒ $8.75 Additional Fee Required
24 Zip: 34205 25 Country: USA	29 Zip: 34206 30 Country: USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

O'CONNOR, MARY T
800 NORTHPOINT PARKWAY
SUITE 204
WEST PALM BEACH FL 33407-1946

10. Name and Address of New Registered Agent

81 Name: Thomas E. Conoron
82 Street Address (P.O. Box Number is Not Acceptable): 1415 9th St. West
83
84 City: Bradenton FL 85 Zip Code: 34205

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Thomas E. Conoron Thomas E. Conoron 6/28/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	P.D.	☒ Change ☐ Addition
NAME	HERRING, JOHN R		1.2 NAME	MR. Timothy A. Knowles	
STREET ADDRESS	13433 KINGSBURY DR		1.3 STREET ADDRESS	~~PO Box 9320~~ 1205 Manatee Ave, W.	
CITY-ST-ZIP	WELLINGTON FL 33414		1.4 CITY-ST-ZIP	Bradenton, FL ~~34206~~ 34205	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PERMUY, GLENN		2.2 NAME		
STREET ADDRESS	2742 HARPER WOODS DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA 30062		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	O'CONNOR, MARY T		3.2 NAME		
STREET ADDRESS	9828 CROSS PINE COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33467		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SPILLETT, ROXANNE		4.2 NAME		
STREET ADDRESS	1280 PEACHTREE ST NW #813		4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30309		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MEHTA, ANAND		5.2 NAME		
STREET ADDRESS	8240 HIGH HAMPTON CHASE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ALPHARETTA GA 30022		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DOMINICK, KIRK		6.2 NAME		
STREET ADDRESS	2451 WEATHERSTONE CIR		6.3 STREET ADDRESS		
CITY-ST-ZIP	CONYERS GA 30094		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 6/28/99 (941) 748-3770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)